



STROKE CENTER DESIGNATION APPLICATION

Request for Designation/Re-Designation of Comprehensive Stroke Center, Primary Stroke Center, or Acute Stroke-Ready Hospital with National Certification

Application Signature Page

Name and address of hospital (typed)

Hospital Name: _____

Hospital Address: _____

SCEIS Vendor ID: _____
(Necessary to Receive Stroke GWTG reimbursement Funds)

The above-named facility is requesting

Designation / Re-Designation

as a

Comprehensive (CSC), Primary Stroke Center (PSC) or
 Acute Stroke-Ready Hospital (ASRH) with National Certification

In addition, the above-named facility certifies that each requirement in this Application for Stroke Center Designation is met

Typed name – CEO/Administrator

Date

Signature - CEO/Administrator

Date

Typed name – Hospital Stroke Medical Director

Date

Signature – Hospital Stroke Medical Director

Date

Contact Person – Typed name, credentials, and title

Date

Contact Person – Phone number and email

Date



State of South Carolina
Department of Health & Environmental Control

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Reference:

ARTICLE 6 Stroke System of Care Act of 2011

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011

SECTION 44-61-640. Identification of hospitals as primary stroke centers and stroke enabled centers; certification by nationally recognized organizations; designation of acute stroke capable centers; notification of loss of recognition.

Regulation 61-118 South Carolina Stroke Care System SECTION 200 RECOGNITION PROCESS

201. Eligibility for Recognition

202. Application Process

203. Recognition Renewal

204. Recognition Levels

205. Recognition

206. Process of Re-recognition

Review the following instructions carefully:

- Provide a copy of the hospital accreditation organization's national certification with this application.
- Every application submitted must include a completed signature page.
- Choose the appropriate stroke designation for your hospital from the options in the Title Section of the Application Checklist.
- If you do not know your SCEIS vendor number, please reach out to the South Carolina DHEC Stroke Program Coordinator
- Contact the South Carolina DHEC Stroke Program Coordinator with any questions regarding this application or required documents at 803 545 4958.

Please return all documentation to: stroke@dhec.sc.gov